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ABSTRACT

The workbook is designed to assist Oregon counties in developing comprehensive written plans for early intervention with students with disabilities. The process is broken down into seven stages with information on necessary actions at each stage: (1) forming an early intervention advisory group (conducting initial planning meetings); (2) setting a county goal (developing a goal statement); (3) determining needs of target populations (completing early intervention plan components worksheets); (4) identifying community resources; (5) developing an accurate data base (using the information retrieval form); (6) developing objectives for plan components; and (7) compiling the comprehensive plan for early intervention services. Sample forms and worksheets are provided throughout. Appendices include a copy of House Bill 2021 mandating early intervention services for all handicapped children in Oregon and a copy of the Oregon administrative rules for early intervention services. (CL)

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EARLY INTERVENTION ADVISORY GROUP

WORKBOOK

A guide for writing local

Comprehensive Plans for Early Intervention

Developed by

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Oregon's Early Intervention State Planning Grant

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Monmouth, Oregon 97361

June, 1985

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INTRODUCTION

In July, 1983 the Oregon State Legislature enacted House Bill (HB) 2021. (See Appendix A for copy of the Bill.) The Bill mandates early intervention services for children from the time of identification of their handicap to school age. Children eligible for services are those with mental retardation or other developmental disabilities, vision impairment or hearing impairment. Early intervention services are programs of treatment and habilitation designed to address a child's developmental deficits in sensory, motor, communication, self-help, and socialization areas. Such services may include classroom training, parent training and consultation, transportation to classroom programs, and other ancillary services such as physical therapy, occupational therapy and speech therapy. The legislature directed the Mental Health Division and Department of Education to develop a set of Administrative Rules that would specify the manner in which the legislation would be implemented in local communities. (See Appendix B for a copy of the Rules.) The Administrative Rules direct each local community to establish an Early Intervention Advisory Group that is charged with developing a Comprehensive Written Plan for Early Intervention Services. Members of the group serve in an advisory capacity only. They can not dictate the decisions of the county providers. They do however, act as a leadership source from the community, for input and implementation of new ideas. The material in this workbook is designed to assist Advisory Groups in developing their Comprehensive Written Plan. (For the purposes of this workbook, the local community is defined as a county.)

It is apparent that county providers are entering the planning process with increasing interest. This interest is spurred by the increased expectations of professionals and of parents for high quality services. Without a clear picture of the final product, planning can be a time consuming task. This workbook outlines a procedure for a cooperative effort to collect and summarize information that can be used to develop

local plans which are based on an accurate assessment of county needs. Once the workbook is completed, the information collected can be used to develop the Comprehensive Written Plan.

The contents of this workbook are designed to assist counties in developing a Comprehensive Written Plan, and the use of the workbook is optional. Advisory groups are encouraged to duplicate and revise the forms to meet their area needs. The information may also be used: 1) as a baseline for evaluating the progress of county activities; 2) for revisions in the plans and to share changes with participants; and 3) as a basis for requesting funds for resources not available in the county.

Content of this Workbook

The remainder of this workbook is divided into the following sections:

I. Forming an Early Intervention Advisory Group

II. Setting a County Goal

III. Determining Needs of Target Population

IV. Identifying Community Resources

V. Developing an Accurate Data Base

VI. Developing Objectives for Plan Components

VII. Compiling the Comprehensive Plan for Early Intervention Services

Each section contains a narrative portion regarding what should happen at that stage of the entire process. Where applicable, worksheets have been included which can be used to assist the county group in accomplishing the tasks involved.

What is the intended outcome of the Workbook?

This workbook is designed to assist counties to establish Early Intervention Advisory Groups and to plan for comprehensive services for young children with handicapping conditions. The workbook describes a process to guide county planning efforts. It also includes forms that will be useful in collecting and organizing information that is necessary to develop a Comprehensive Written Plan for Early Intervention

Services. Upon completion, these forms will contain the major content of the final written Plan. Therefore, the outcome of following the steps of this workbook will be a Comprehensive Written Plan for Early Intervention Services.

During the planning process, various subcommittees will be established to begin developing specific plans to address the needs of the county. Once the subcommittees have drafted plans to address the needs identified by the Early Intervention Advisory Group, the group will be ready to compile a Comprehensive Written Plan. This Plan will be submitted to the State Coordinating Council for Early Intervention Services and will fulfull the requirements of the OARs for Early Intervention Services.

What does the planning process entail?

The process outlined in this workbook includes methods for collecting information about early intervention services and needs in a given county. These data are then compared to what the Early Intervention Advisory Group sees as the desirable service system for their area. Discrepancies are then addressed by subcommittees formed from members of the advisory group. The planning process allows for each county to build on the strengths of their existing service system in order to meet the needs of children with handicaps and their families.

How long will the planning process take?

The length of the planning process will be different in each county. The process includes eight meetings of the Early Intervention Advisory Group and will take about three months to complete. At this point subcommittees are formed to address specific areas of the Plan. The subcommittee work can take from one to three months, depending on the county and how detailed the Plan is.

What is an Early Intervention Advisory Group?

An Early Intervention Advisory Group is a group of professionals and parents who are providing or using health, educational, social and other services designed to assist young children with handicaps. The primary purpose of the group is to develop

a Comprehensive Written Plan for Early Intervention Services.

What is a Comprehensive Written Plan for Early Intervention Services?

This Plan contains a description of existing and/or planned early intervention services in a given area. Early intervention means services of treatment and habilitation designed to address a child's developmental deficits in sensory, motor, communication, self-help, and socialization areas. Such services may include classroom training, parent training and consultation, transportation to classroom programs, and other ancillary services, such as physical therapy, occupational therapy, and speech therapy.

How will the workbook help the Early Intervention Advisory Council?

The workbook provides an easy to follow process that can be adapted by planning groups or used as is. Necessary forms are provided. In addition, explanations of each step of the process are included. Using the workbook will reduce the time required to plan and organize meetings.

What is the Coordinating Council for Early Intervention Services

The enabling legislation (HB 2021) required the formation of a coordinating council at the state level. (See Appendix A, Section 5.) The purpose of the Council is to coordinate the Department of Education and the Mental Health Division in establishing and implementing standards, establishing a central registry, and completing a standardized evaluation system reflecting child and program outcomes. The Council reports directly to the legislature. Members of the Council are:

James Toews, Association for Retarded Citizens of Oregon, Chairman

Pat Ellis, State Department of Education

Mike Barker, Mental Health Division

H. D. Bud Fredericks, Teaching Research

Tass Beckham, Local Educational Services District

Carillon Olmsted, Resource Access Project

Technical assistants to the Council are Bill Moore and Jane Toews from the Early

Childhood State Planning Grant, Meredith Brodsky, Oregon Preschool Assessment System, and Terry Kramer, Department of Education.

What is the Early Childhood State Planning Grant

On October 1, 1984, Oregon received a two year grant from the federal government to develop an Early Childhood State Plan. The major efforts of this project have been to facilitate the local counties in developing their Written Comprehensive Plans. A product of this grant, is this workbook. It is anticipated that an additional six years of funding will be available to Oregon to assist local Advisory Groups as they begin to develop and implement their plans for comprehensive services to children with handicaps.

What is the next step after completing the workbook?

After the Advisory Group completes the Comprehensive Written Plan the county will be prepared to begin implementation. The Objectives and Activities for improving existing services and establishing new services can be initiated.

This workbook will serve as a basis for county planning and discussion by presenting a picture of the county as a whole in regard to the allocation of resources and gaps in service. Primarily, it should serve as a beginning point for county collaboration and coordination of services—a first step toward the development of a continuum of services for preschool children and their families.

SECTION I

OVERVIEW OF ACTIVITIES

SECTION I

Forming an Early Intervention Advisory Group (1 Session)

Purpose: To organize a group of early intervention service providers and obtain their commitment to participate in a county planning effort for comprehensive services for handicapped children.

Preparation for Meeting
- A. Identify agencies and individuals for advisory group
- B. Arrange time and place for meeting
- C. Invite persons identified
- D. Obtain copies of necessary forms and supplies (calculator, pens, scratch paper, masking tape, flip-chart, etc.)

Tasks for meeting
- A. Introduce each participant
- B. Discuss desired outcomes for Advisory Group
- C. Select a chairperson for Advisory Group
- D. Develop a list of additional participants to invite to next meeting
- E. Complete Participating Groups Worksheet (Worksheet A)
- F. Agree on next meeting time and place

Materials Provided
- Participating Groups Worksheet (Worksheet A)

SECTION I

Forming an Early Intervention Advisory Group

The **PURPOSE** of the Early Intervention Advisory Group is to develop the county's Comprehensive Written Plan for early intervention services. This Plan assures the provision of state-approved early intervention services to eligible preschool children in the county. It is envisioned that the group will continue to meet on a regular basis after the Plan is completed in order to insure that the completed Plan is implemented.

The **PROCESS** of forming an Early Intervention Advisory Group is often the responsibility of one or two individuals. It is recommended that one of these individuals represent the agency in the county serving the most children with significant handicaps. The first task of this individual is to identify the people who should be involved in the planning efforts. Agencies serving handicapped children and representative parents are key participants that should definitely be included. The following individuals are suggested participants for local Early Intervention Groups:

* MR/DD parent trainer
* MR/DD preschool teacher
* MR/DD case manager
* Public health nurse
* Hospital pediatric nurse
* Advocacy representative (ARC)

* Regional program director/staff
* School district personnel
* Parents
* Head Start personnel
* Day care center personnel
* Pediatricians
* Children's Services Division personnel
* Direction Service personnel
* Crippled Children's Division personnel
* Educational Services District personnel
* Ancillary service providers (speech, OT, PT)
* Other local providers and referral sources

Invite as many people as possible to participate. At this time be inclusive, rather than exclusive.

The establishment of the Early Intervention Advisory Group provides an opportunity for individuals in the county to learn from one another. Each member represents a different discipline, perspective or agency which has its own history, language and approach to working with young children who are handicapped. When working together, the strength of this group is tremendous. To assure optimum productivity, communication must be clear; each participant must understand his contribution to the development of the local Plan.

Initial planning meetings are extremely important in establishing the group, gaining the commitment of the community, and determining the future of the project. These meetings should include agency heads as well as program staff. Participants should be assured that the intention of the project is not to benefit only one or two groups. The goal is to help children and families who need an array of services as well as to assist them in utilizing these services efficiently.

It is important to note that "participation" may be defined differently for different individuals and agencies. For some, participation may mean membership on the County Advisory Group. For others, it may be a willingness to supply statistical data or to be available as a service provider. When the community needs and goals are established, it will become clear to participants as to how they can best make a contribution.

Once the participants have been identified, they need to be invited to the initial

organizational meeting. This invitation can be made either via letter or phone. The invitation should provide each participant with the purpose of the meeting and a list of other participants. If possible, this first meeting should be held in a location not associated with any specific provider. The public library, a church or a restaurant make a good setting. The meeting room should have a chalk board, flip-chart or some other writing area. Other supplies such as calculator, pens, scratch paper and masking tape may be needed.

In planning the first meeting, a time must be selected that is convenient for as many participants as possible. It is recommended that this first meeting last no more than one or two hours. By adhering to an agenda, the participants will have a greater sense of accomplishment.

At the first meeting, the participants should be introduced. Each should indicate what they see as the potential of the group and what they hope will be the outcome of the meeting. One of the major tasks of this first meeting is the selection of the chairperson for the group. This person should be selected in a manner which is determined by the group.

Once the chairperson has been selected, the next task is to determine what agencies or individuals are not present and need to be included. A list of potential participants to be invited to the next meeting is made. Further tasks such as determining a goal statement and reviewing potential components for the county Plan may be addressed if time allows. The manner in which this is done is presented in Sections II and IV.

A task that should be completed at this meeting is defining early intervention services. This definition can be taken from the attached Administrative Rules (Appendix B, Item #7, page 2). In addition the target population to be served should be identified. The population is identified in the Administrative Rule under the heading Eligibility Determination on page 6 (see Appendix B). The Advisory Group must decide whether

to serve only the OAR defined population or expand their Plan to include a broader population.

If agency heads are not directly involved, they need to be kept informed of the work of the Advisory Group by their staff. Their staff should:

1. Represent the concerns and needs of their agency
2. Provide information back to their agency
3. Take information and decisions from the Group back to agency head
4. Make a commitment to be involved on an ongoing basis.

At the conclusion of the meeting a **Participating Groups Worksheet** (Worksheet A) should be completed. This **PRODUCT** can be updated at each meeting and a copy given to each participant.

Worksheet A

PARTICIPATING GROUPS WORKSHEET

For your records, list below the participants. Use the last column for descriptive notes, as needed, regarding type of participation, attendance, etc.

Local	**Contact**	
Agency/Program//Parent	Individual & Title Contact Address/Phone #	Notes/Comments

---

State or Regional

Agency/Program/

SECTION II

OVERVIEW OF ACTIVITIES

SECTION II

Setting a County Goal (1 Session)

Purpose: To develop a mutually agreeable goal for the Advisory Group and for inclusion in the local Early Intervention Plan.

Preparation for the Meeting
- A. Arrange for meeting time and place
- B. Send meeting reminder to participate
- C. Invite other participants indentified at first meeting
- D. Make copies of necessary forms and gather materials

Tasks for Meeting
- A. Introduce new participants; update on last meeting
- B. Select a recorder
- C. Develop, revise and reach consensus on goal statement
- D. Agree on place and time for next meeting

Materials Provided
- Defining a Goal Worksheet (Worksheet B)

SECTION II

Setting a County Goal

The first agenda item for the group is the establishment of a goal statement. The **PURPOSE** of the goal statement is to clarify the scope of the Advisory Group's activities. This is very important given the varied backgrounds of the participants. It also gives an opportunity to define terms, clarify misconceived notions, if any, and identify the concerns which participants bring to the group.

Developing a Goal Statement. The following steps are suggested to be used to develop the goal statement. The chairperson should direct the group through the **PROCESS** of developing the goal.

Step 1. Distribute a copy of the **Defining a Goal** (Worksheet B) worksheet to each member of the group. Introduce the concept of a goal statement. Direct the group to write a goal statement using the worksheet. Allow 15 minutes for the drafting process.

Step 2. Write a sample statement on the chalk board taken either from the worksheet or from the group.

Step 3. Elicit suggestions from the group on revising the sample. This revision should reflect the needs and desires of the group as they perceive the county needs.

Step 4. One participant should be delegated to act as a recorder and to keep the goal statement and other documents developed by the group.

The **PRODUCT** of this activity is a Goal Statement for the Comprehensive Written Plan for Early Intervention Services. (Note: This statement can be reviewed periodically and revised if and when it fails to reflect the goal of the County Advisory Group.)

WORKSHEET B

Defining A Goal - Early Childhood Advisory Group

The first step in writing a local **Comprehensive Written Plan for Early Intervention Service** is determining a **goal.** This **goal** becomes a part of the local plan and is included as the initial description of the statement of purpose for services within the county.

Examine each of the items listed and come to a consensus on their appropriateness for the plan. Next, write a goal statement that includes the selected items. To assist the group in this task, a sample **Goal Statement** is provided.

_____	geographic area	_____	prenatal care for high risk
_____	disability levels	_____	agency collaboration
_____	age range	_____	least restrictive environment
_____	children "at risk"	_____	opportunity for integration
_____	children and their families	_____	transition into public school

Sample **GOAL STATEMENT:**

> To develop a community-based, collaborative delivery system for preschool children with handicaps which provides every child diagnosed as handicapped with a written and operational individualized plan, based on both a health and educational assessment.

Goal Statement: _____

_____

_____

_____

_____

_____

_____

OVERVIEW OF ACTIVITIES

SECTION III

Determining Needs of Target Population (3 Sessions)

SESSION I PURPOSE: To identify the services that Advisory Group members think are necessary in order to provide comprehensive early intervention services to children with handicapping conditions. The components indentified will be included in the local Comprehensive Plan for Early Intervention Services.

Preparation for Meeting

A. Arrange time and place for meeting
B. Send reminders to participants
C. Make copies of necessary forms and gather materials

Tasks for Meeting

A. Provide instructions for completing worksheets
B. Complete two components of worksheet as a group
C. Each participant begins completing the rest of the worksheet. Each participant will select specific components to include in the plan and then complete the worksheet for these components
D. Select a time and place for next meeting. The meeting should be scheduled in two to four weeks

Materials Provided

Early Intervention Plan Components Worksheet (Worksheet C)

SESSION II PURPOSE: To review the components from the worksheet that were selected by participants and collapse these into an aggregated worksheet that reflects the components selected by all of the participants.

Preparation for the Meeting

A. Arrange time and place for meeting
B. Send reminders to participants
C. Obtain necessary materials

Tasks for Meeting

A. Select a recorder from group
B. Go through plan components, beginning with component #1, to see if participants want to include this component in the plan. Complete the information for each component
C. Complete a rough draft of selected plan components and accompanying information by collapsing information onto worksheet
D. Select a time and place for the next meeting

Materials Provided

Early Intervention Plan Components Worksheet (Worksheet C)

SESSION III PURPOSE: To finalize the Early Intervention Plan Components Worksheet (Worksheet C) and thereby determine the components of a comprehensive early intervention plan for the local Early Intervention Advisory Group.

Preparation for Meeting

A. Make a final copy of the draft composite Early Intervention Plan Components Worksheet (Recorder)
B. Send copy of the Draft Component Worksheet to service providers who are identified in column three and who are not represented on the Early Intervention Advisory Group (Recorder)
C. Send a Resource Information Form (Worksheet D) to all agencies who receive the Draft Component Worksheet (Recorder)
D. Review the comments and completed Resource Information Forms submitted by service providers who are not represented on the Advisory Group and include any additional information (Recorder)
E. Prepare final draft of the Components Worksheet and reproduce copies (Recorder)
F. Send copies of the final draft of the Components Worksheet to all Advisory Board members and the other providers who provided information for the Component Worksheet. They should be instructed to review the worksheet, provide any further information or corrections, and bring the corrected worksheet with them to the next meeting (Recorder)
G. Arrange for meeting time and place
H. Send meeting reminders to participants

Tasks for Meeting

A. Discuss the completed Component Worksheet
B. Revise Component Worksheet according to comments
C. Select a time and place for the next meeting

Materials Provided

Sample letter to providers not represented on Advisory Group
Resource Information Form (Worksheet D)

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Section III

Determining Needs of the Target Population

The **PURPOSE** of the participants' work in this section is to identify the services that should be present in the county in order to provide each child with a comprehensive plan of early intervention services. To assist the participants in this task, a worksheet of **Early Intervention Plan Components** (Worksheet C) has been developed (see pages 27-35). The completion of this worksheet is the suggested next task in the development of the county's Early Intervention Plan.

The components on the worksheet are taken from two major sources. The first source, and possibly the most important to the county, are those from the Oregon Administrative Rules (OAR) that apply to HB 2021. These components **must** be included in the county's Early Intervention Plan. They are identified on the worksheet with an asterisk (see page 27 column 2). It is suggested that these components be addressed first. The remainder of the components were selected from material developed by early childhood experts in Oregon and from throughout the nation. Components from this second set should be selected by the participants as needed; they are not required in the OAR but they may be crucial if the county is to have a comprehensive Early Intervention Plan. The inclusion of additional components is encouraged but strictly a county level decision.

The **PROCESS** is divided into three sessions. (A session is defined as a meeting of approximately one hour in duration.)

Session I: Participants should all have a **Component Worksheet** (C). They should complete the top section and review the directions. It is then recommended that each participant begin completing the worksheet, starting with the components that are required in the OAR. The column entitled "Current Problems" should be given special attention; the information included there will be used to identify current county needs in the development of an Early Intervention Plan.

In order to assist the participants in their work, one or two of the components can be completed as a group. When this has been done, each participant should begin the task of completing the worksheet. Terminate the meeting after a brief work session. The assignment, to be completed before the next meeting, is to finish the worksheet. All participants are requested to bring their completed worksheet to the next meeting, which should be scheduled to occur in the next two to four weeks.

Session II: The **PURPOSE** of this second meeting is to review the components chosen by the participants and then compile one worksheet that reflects the selections of all the participants.

To begin this **PROCESS** select someone who will record the results of the participants' work. This person should be given a blank copy of the **Early Intervention Plan Components Worksheet** (C). Beginning with component #1, participants are asked to identify each component selected for inclusion in the Plan. The recorder should complete the information for each component as provided by the participants. During this process, information and suggestions should be taken from all participants. If there is discussion about whether to include a particular component as selected by a participant, the group should make the decision by vote or concensus. Remember, all components required by the OAR must be included.

When this process has been completed, the recorder will have a rough draft of the aggregated components to be included in the Comprehensive Written Plan for Early Intervention Services. The completion of this task concludes the session. If it is not finished, it will be necessary to schedule another meeting.

The recorder should make a final copy of the composite worksheet (C) and produce enough copies for any provider identified in column 3 on the worksheet who is not a participant in the group. A copy of the completed worksheet should be mailed to each of these providers. A sample letter that should be mailed with the worksheet to all providers, is given in Appendix C. At this time, Worksheet D, **Resource Information**

Form should also be sent. These forms can be used to develop a directory of services in the county.

The recorder should allow the providers at least three weeks to respond to the letter and return their worksheet (C) and the **Resource Information Form** (Worksheet D). When these materials have been returned, the recorder reviews the content and includes any additional information given by the providers. When this task has been completed, a final draft of the worksheet should be made. A copy of this completed worksheet is then sent to all participants and responding providers. The task to be completed by these individuals before the next meeting, is to review the worksheet and provide any further information or necessary corrections. This task will require two to three weeks.

Session III: The purpose of this meeting is to finalize the **Early Intervention Plan Components Worksheet** (C). This process can be accomplished by having the participants and any providers attending the meeting, give their opinion of the work completed. Once this information has been acquired, the recorder can make a final worksheet for the planning group. This product should be retained by the planning group and a copy mailed to the State Planning Project staff, c/o Early Childhood State Plan Project, Teaching Research, Monmouth, OR 97361. (See pages 4 & 5 for description of the Early Childhood State Plan.)

The participants who compose the Early Intervention Advisory Group, serve in an advisory capacity only. They can not dictate to providers what their programs must be. Therefore, it is critical that all county providers be involved in the planning efforts from the beginning. If this does not occur, the mailing of the worksheet (C) to them allows the group to acquire their input. If this does not get the provider participating in the process, it may be necessary for the group to go to the provider to get input. Every effort **must** be made to receive the cooperation of all early intervention providers. It will be impossible to complete a Comprehensive Plan without this cooperation.

WORKSHEET C

EARLY INTERVENTION PLAN COMPONENTS
WORKSHEET

County _____ Name of Respondent _____ Phone _____ Date _____
Name of Agency _____

The following is a list of components which could be included in a local plan for Early Intervention Services. The purpose of the worksheet is to assist local groups in identifying the services to be included in their plan based upon the needs within the county. Indicate which components you feel are necessary in your county's plan in order to meet the needs of all eligible identified and unidentified children. NOTE: Responses are to be made disregarding financial restrictions. If this is a problem, indicate in "Comments" section. The components required in the OAR are noted by asterisks(*). The page number on which the component can be found in the OAR is provided.

1	2	3	4		5	6
Component	Will component be included in E.I. plan?(yes/no)	Where is it available? List name of provider(s)	Is component adequate and available to extent needed? Yes	No	Current problems, barriers, etc. in regard to this component.	Comments regarding this component in community.
1. Alternate Living Arrangements: Group homes and other residential placements. Guardian or surrogate parent must be identified in this placement.						
2. Ancillary Treatment: The direct provision of therapy, medication or prosthesis, eyeglasses. Includes OT/PT. Must be provided by individual with proper Oregon license or documentation of proper training. p. 13	*					
3. Building Requirements: Building shall be barrier free; comply with all fire, health and safety regulations; contain adequate space for children, storage, lighting and outside playground; have restroom adjacent or accessible to classroom; contain private area for parents in parent training. p. 11	*					
4. Case Management: Assumes responsibilities for coordinating all aspects of child's progress through screening, diagnosis and treatment.						

Name _____

Component	Included in E.I.?	Service Provider(s)	Component Adeq./Avail. Yes	Component Adeq./Avail. No	Current Problems	Comments
5. Classroom Program: Provide minimum staff to maintain ¼ ratio providing 15 hours per week individualized instruction, 175 days per year; consultation and training to parents as needed; preschool classroom teacher with B.S. in early childhood development or special education. Classroom assistant shall receive minimum of 12 hours preservice training. p. 12	*					
6. Community Education: The provision of information aimed at improving community's awareness and public understanding of the handicapped, including organized efforts such as Child Find and other outreach efforts.						
7. Community Screening: The periodic use of quick and simple procedures to detect those who have a high probability of having the problem in question.						
8. Comprehensive Written Plan (CWP) Assure provision of state-approved early intervention services to eligible preschool children in service area. p. 5	*					
8a. Early Intervention Advisory Group (CWP): Formed in local area representing both providers and parents of preschool children with handicaps. p. 5	*					

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26

27

Name _____

Component	Included in E.I.?	Service Provider(s)	Component Adeq./Avail. Yes	Component Adeq./Avail. No	Current Problems	Comments
8b. Primary Provider (CWP): Designation of agency or agencies that will be primary providers for early intervention services usually agency providing service to most children. p. 5	*					
8c. Array of Services (CWP): Description of all services deemed necessary in the area. p. 5	*					
8d. Mix & Match of Services and Funding (CWP): Evidence of effort to determine most efficient manner for the mix and match of services and funding across all disability categories. p. 5	*					
8e. Interaction of Children with Handicaps with Children who are Nonhandicapped (CWP): Opportunities for interaction between two groups. p. 5	*					
8f. Interagency Agreements (CWP): Documentation between the primary provider and other agencies that ancillary services will be provided. p. 5	*					
8g. Fixed Point of Referral (CWP): Agency/individual that assures timely evaluation and placement of an eligible child in components of the early intervention program. Current information regarding available community resources & the capacity to direct a child to agency, program, individual or department for appropriate specific services. p. 6	*					

Name _____

Component	Included in E.I.?	Service Provider(s)	Component Adeq./Avail. Yes	Component Adeq./Avail. No	Current Problems	Comments
9. Counseling: Provision of advice, direction or reassurance to a pre-school handicapped child or his/her family on a one to one basis or in a group.						
10. Day Care: Care in a licensed facility for less than 24 hours.						
11. Diagnosis/Evaluation: Professional judgement made regarding a condition based on the symptoms and providing, as a result, a categorical definition of the condition.						
12. Eligibility Determination: Procedures for determination of eligibility are available. Determination is based upon approved documentation. Medical documentation is available for children below 12 months of age. Includes description of eligible children, categorized by age, sex and diagnosis. p. 6	*					
13. Enrollment Files: Information on file with intervention program that contains evaluation material; statement of eligibility; parental permission for service; notification to resident district; physician statement. p. 8	*					
14. Evaluation Source: A system is in place for utilizing an approved evaluation source for acquiring evaluation material. An approved evaluation source shall include: The Crippled Children's Division; The Diagnostic and Evaluation section of the Mental Health	*					

Name _____

Component	Included in E.I.?	Service Provider(s)	Component Adeq./Avail. Yes	No	Current Problems	Comments
Division; a multi-disciplinary team from the resident school district or education service district charged with the identification of handicapped children; other agencies as approved by the Mental Health Division or the Department of Education; or any combination of these services. p. 6						
15. Equipment: Age-appropriate teaching devices, audio-visual machines or other hardware except those which are considered treatment (eyeglasses, prosthetic devices).						
16. Financial Assistance: Direct provision of money as contrasted to provision of donated services, housing, medical care, etc. Provisions for DOE to purchase service from MHD.						
17. Follow-up: The examination of a child's progress, on a regular basis to determine if appropriate recommendations are being carried out.						
18. Foster Care Placement: Placement of a child in a family home, licensed to provide 24 hour care on a continuing basis for children awaiting other placement or service.						
19. Functional Assessment: The process whereby a categorical diagnosis is related to a working definition describing limitations imposed by the condition, and identifying areas that require intervention.						

Name _____

Component	Included in E.I.?	Service Provider(s)	Component Adeq./Avail. Yes	Component Adeq./Avail. No	Current Problems	Comments
20. Grievance Procedures: Must have procedures as specified in Early Intervention Administrative Rules. p. 13	*					
21. Health Services: Provision of medical, nursing, dental, clinic or hospital services.						
22. Home Nursing Service: The services of an RN or LPN provided to the child in his or her home or foster home.						
23. Homemaker Service: Assistance in the care of the home and the family.						
24. Individual Program Plans (IPP): Plan to include statement of child's present level of skill performance; annual goals and short-term objectives; services to be provided; dates indicating beginning, frequency and duration of services; description of methods; parties participating in plan development. p. 8	*					
24a. Training and Habilitation Aspects of IPP: Description to include - methods; objective criteria; procedures; schedules for evaluating attainment of goals and objectives. (Evaluation must be at least annual.) p. 9	*					
25. Instructional and Testing Materials: Any printed materials for the testing or training of a child, a service provider, parent or the public if it relates to their understanding of handicapped children.						

Name _____

Component	Included in E.I.?	Service Provider(s)	Component Adeq./Avail. Yes	Component Adeq./Avail. No	Current Problems	Comments
26. Multidisciplinary Team: A group of persons representing at least three areas of expertise who perform diagnosis, evaluation, and planning activities for a handicapped child. p. 6	*					
27. Legal Service: Any services of a protective or advocacy nature performed by a professional or paraprofessional legal person.						
28. Parent Training: Provide minimum of 1 hour per week, 12 months per year, direct instruction to each enrolled child; consultation and assessment in ancillary services; staffed by individual with B.S. and training in early childhood and/or special education. p. 12	*					
29. Perinatal Care Resources: Identification and care of high risk pregnant women and subsequent newborn intensive care.						
30. Physician's Statement: Indicators of physical factors contributing to individual's skill deficit; required medical treatment prior to initiation of intervention services; medical limitations to full participation in program; need for further medical examinations. p. 8	*					
31. Preventive Services: Genetic counseling, immunization and other services provided prior to the onset of a handicapping condition.						

Name _____

Component	Included in E.I.?	Service Provider(s)	Component Adeq./Avail. Yes	Component Adeq./Avail. No	Current Problems	Comments
32. Public Awareness: Education for school age children and adults directed towards understanding the needs of handicapped individuals and eliminating prejudice.						
33. Reporting Requirements: The following reports will be provided individual progress assessment for each child; monthly report on current status of children enrolled or terminated from service; annual statement verifying resident school district of enrolled children eligible for the program; other reports required by state agency. p. 10	* -					
34. Respite Care: Providing temporary care to assist families, either in family's or provider's home.						
35. Staff Training: Training for professional or paraprofessional persons to improve their expertise in any area of service to handicapped children and/or their families. p. 12	*					
36. Statement of Purpose: Written statement including - goals and objectives; services provided; parental involvement; enrollment and termination criteria; policy and procedures for interagency cooperation. p. 10	*					33
37. Transportation: Provision of direct transportation with agency, public or private vehicles.						

Name _____

Component	Included in E.I.?		Service Provider(s)	Component Adeq./Avail. Yes	No	Current Problems	Comments
38. OTHER:							
ADDITIONAL COMMENTS:							

WORKSHEET D

RESOURCE INFORMATION FORM

Name of Program or Agency _____ Date _____

Address _____

Contact Person _____ Phone _____

1. Handicapping conditions served - check all that are applicable

_____ Blindness	_____ Speech Impairment
_____ Visual Impairment	_____ Health Impairment
_____ Deafness	_____ Mental Retardation
_____ Hearing Impairment	_____ Serious Emotional Disturbances
_____ Physical Handicap (Orthopedic)	_____ Specific Learning Disabilities

2. Ages served (circle all applicable) 0 1 2 3 4 5 6 7+ Adult

3. What is the approximate number of clients 0 to 6 years served annually? _____

4. What types of professionals deliver services (psychologists, physician, audiologist, special educator)?

5. What are eligibility requirements for clients?

6. What fees do clients pay?

7. What are the procedures for securing service for clients?

8. Are your services utilized fully _____, moderately _____, minimally _____.

9. Is service initiated by: Parent _____ Advocacy _____ Referral _____
Case Manager _____ Agency _____ Other _____

10. Are the services authorized by (please check)

_____ state legislation	_____ federal legislation
_____ state agency policy	_____ federal agency policy

_____ other (specify) _____

_____

OVERVIEW OF ACTIVITIES

SECTION IV

Identifying Community Resources (1 Session)

Purpose: To identify the early intervention services that are currently being provided in the county, including omissions and duplication.

Preparation for meeting:

A. Arrange for meeting time and place.
B. Send reminders to participants.
C. Make copies of necessary forms and obtain materials.

Tasks for meeting:

A. Complete the County Resource Summary List (Worksheet E).
B. Complete the Summary Matrix of County Resources (Worksheet F).
C. Select time and place for next meeting.

Materials Provided:

Resource Summary List (Worksheet E)
Summary Matrix of County Resources (Worksheet F)

Section IV

Identifying Community Resources

The **PURPOSE** of this section is to identify the scope of services being provided by individuals and agencies in the county. The group will match providers to the components of the Early Intervention Plan.

The first step in this **PROCESS** is to complete the **County Resource Summary List** (Worksheet E). The list and directions for completing it, are on page 43.

Once the **County Resource Summary List** is finished, the next step is to complete the **Summary Matrix of County Resources** (Worksheet F). This form and directions for completing it are found on page 44. Both the **Resource Information Form** (Worksheet D) and the **Components Worksheet** (Worksheet C) should be used as resources in completing this **Matrix**. Both of these forms should be completed at this meeting. The information from these two forms will allow the group to quickly determine which agency or individual is providing services in relation to the early intervention components. It will also allow the group to determine if there are components for which no agency or individual has responsibility or where duplication of effort is occurring. This information is crucial to the group in their future planning efforts.

WORKSHEET E

RESOURCE SUMMARY LIST

List all the providers that have been identified on the **Early Intervention Plan Components Worksheet** and assign them a program number.

Assigned Program Number	Program/Agency/Individual Name
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
14	
15	
16	
17	
18	
19	
20	

WORKSHEET F

SUMMARY MATRIX OF COUNTY RESOURCES

County _____ Date _____

Component	Directions: In the spaces beside the list of Components, place the number of the Agency/Individual who provides that service in the county. Refer to E.I. Components Worksheet (C) and Resource Information Form (D).	Summary Comments (Try to summarize total situation regarding this resource.)
1. Alternate Living Arrangements		
2. Ancillary Treatment		
3. Building Requirements		
4. Case Management		
5. Classroom Program		
6. Community Education		
7. Community Screening		
8. Comprehensive Written Plan		
8a. Early Intervention Advisory Group		
8b. Primary Provider		
8c. Array of Services		
8d. Mix and Match of Services		

SUMMARY MATRIX OF COUNTY RESOURCES, continued

Component	Service Providers												Summary Comments
8e. Interaction Between Handicapped & Nonhandicapped													
8f. Interagency Agreements													
8g. Fixed Point of Referral													
9. Counseling													
10. Day Care													
11. Diagnosis/ Evaluation													
12. Eligibility Determination													
13. Enrollment Files													
14. Evaluation Source													
15. Equipment													
16. Financial Assistance													
17. Follow-up													
18. Foster Care Placement													
19. Functional Assessment													

SUMMARY MATRIX OF COUNTY RESOURCES, continued

Component	Service Providers												Summary Comments
20. Grievance Procedures													
21. Health Services													
22. Home Nursing Services													
23. Homemaker Services													
24. Individual Program Plan													
24a. Training & Habilitation Aspects of IPP													
25. Instructional & Testing Materials													
26. Multidisciplinary Team													
27. Legal Services													
28. Parent Training													
29. Perinatal Care Resources													
30. Physician's Statement													
31. Preventive Services													
32. Public Awareness													

SUMMARY MATRIX OF COUNTY RESOURCES, continued

Component	Service Providers												Summary Comments
33. Reporting Requirements													
34. Respite Care													
35. Staff Training													
36. Statement of Purpose													
37. Transportation													
38. Other													

SECTION V

BEST COPY AVAILABLE

OVERVIEW OF ACTIVITIES

SECTION V

Developing an Accurate Data Base (2 Sessions)

Session I - Purpose: To collect detailed information on each service provider identified in the Summary Matrix of Community Resources.

Preparation for Meeting
- A. Arrange for meeting time and place
- B. Send meeting reminders
- C. Make copies of necessary forms and obtain materials

Tasks for Meeting
- A. Review Information Retrieval Form (Worksheet G)
- B. Designate representative from each agency to complete a form for their agency. Designate other Advisory Group members to complete a form for agencies not represented at the meeting
- C. Designate a person to gather and duplicate the completed Information Retrieval Forms for the next meeting.
- D. Select a time and place for the next meeting. The meeting should be scheduled in 2-4 weeks

Materials Provided
Information Retrieval Form (Worksheet G)

Session II Purpose: To identify areas of strength and need in the various Plan Components and rank order the components that need immediate attention.

Preparation for the Meeting
- A. Collect, summarize and duplicate the Information Retrieval Forms from Advisory Group Members (Designee)
- B. Arrange for meeting time and place
- C. Make copies of necessary forms and gather materials

Tasks for Meeting
- A. Review completed Information Retrieval Forms and obtain group sanction for their contents
- B. Transfer new Information Retrieval Form information to Component Worksheet (C). Maintain file of completed Information Retrieval Forms for future reference
- C. Review and get consensus of rank order by priority
- D. Divide Advisory Group into committees to address the priority components
- E. Committees should arrange a time and place for their next meeting
- F. Make arrangements for group to keep Advisory Group informed of progress during period of committee work
- G. Establish a timeline for completing specific plans for priority components

Materials provided:
Early Intervention Local Plan Worksheet (Worksheet H)

Section V

Developing an Accurate Data Base

The group will soon need to be making important decisions with regard to an overall comprehensive delivery system of services for children with handicaps in the county. Decisions regarding adequacy and priority of need will have to be made. The **PURPOSE** of the **Information Retrieval Form (IRF)** (Worksheet G) is to collect necessary information so that reliable decisions can be made. Local Advisory Group members will vary in their level of knowledge regarding services in the county. If the membership includes program directors and/or administrators the knowledge base will be high. If the group membership is primarily direct service personnel and parents, the group will need a means of gathering the information required to make evaluative statements regarding component availability and adequacy. Section V will be valuable to groups

requiring assistance in gathering adequate information.

The **IRF** is a suggested means of attaining specific information regarding services currently being provided. This is a suggested form which may be revised to meet your own needs. It may be used in its entirety or by section. The form lends itself to be filled out as a questionnaire or may be used as an interview outline. It should be completed for all providers in the county.

The information obtained from the **IRF** should be inserted at the back of the **Component Worksheet** (C). The **IRF** information will be useful when developing your system of evaluating the county's local Plan. For example, the local Plan must describe opportunities for children with handicaps to interact with nonhandicapped children. Page 4 of the **IRF** will provide quantitative as well as qualitative data. If providers say "yes" opportunities are available, but the activities only occur twice a year, the local planners may advise and assist the providers to increase the frequency of opportunities. This can then be described through specific objectives and activities in the final Plan (see Section VI).

Remember, it is the purpose of the local Early Intervention Group to bring various disciplines together to make decisions with regard to services for children with handicaps. Each piece of information contributes to the total system for the purpose is to get an accurate picture of what <u>is</u> available and what <u>is</u> being provided. It is assumed that each committee member is an expert in the field that he represents and that he can provide accurate information about the agency or area he represents. The **IRF** will provide the group with the additional information needed to develop the local Plan.

SESSION I

Step 1. Group members are given the responsibility of completing the **IRF** for the agency which they represent.

Step 2. Parents and agencies that have multiple representation are assigned to the other service providers.

Step 3. A timeline of 2-4 weeks is set as a deadline for gathering the information.

Step 4. One person is delegated to gather and duplicate the completed **IRFs** for each member of the group before the next meeting.

The information from the **IRF's** should be reviewed and inserted at the back of the **Component Worksheet** (C). The purpose is to develop a complete description of the local system using the **Component Worksheet** (C) as the summary tool. For example, on page 3 of the **IRF** is a section dealing with "Mix and Match of Services and Funding." If a provider indicated that the local district was their sole source of revenue, you would list the provider item 8d on the **Component Worksheet** (C), and mark "no" under "component adequacy." If another provider marked "yes" under more than one of the **IRF's** revenue sources, then that provider would also be listed under 8d and marked "yes" under "component adequacy" on the **Component Worksheet** (C). The Advisory Group will be able to use the information to develop a Plan which describes the best use of resources currently available, and any plan to collaboratively seek additional resources. (Please note that this type of fiscal planning mandates the inclusion and direction of agency representatives who are responsible for budget decisions).

After the **Component Worksheet** (C) has been completed, the next step is to identify the components which will receive first priority when drafting the Plan. This can be accomplished in a variety of ways:

Option 1 - Components (from **Component Worksheet** (C) are divided into two categories; 1) those to be included in the Plan; and 2) those that are not to be included. The Advisory Group gives a rank ordering according to priority of the entire list of components chosen for inclusion in the Plan.

Option 2 - The components which have the astericks in the second column of **Component Worksheet** (C) are rank ordered in terms of priority. These components MUST be included in the Plan and therefore are a obvious first place to begin.

Option 3 - Begin with the first component chosen for inclusion in the Plan, and continue one at a time, until all components are completed.

The actual writing of the local Plan begins at this point. Review the priority components. Decide as a group how best to proceed. It is advisable to divide into subcommittees which can take responsibility for one or more components. It is also

helpful to designate a leader for the subcommittee who can arrange meetings and act as a spokesperson to the larger advisory group. Members may volunteer for subcommittees or be divided by area of expertise.

SECTION VI describes the process of writing objectives, activities, and evaluation procedures for the components included in the local Plan. Future meetings of the Advisory Group will be largely involved with subcommittee reports and feedback on the developing Plan.

SESSION II

Step 1. **IRF** information is included in the **Component Worksheet** by the group or by an individual before the meeting.

Step 2. Components are rank ordered according to priority.

Step 3. Advisory Group decides how to proceed: writing Plan as a group, dividing components between subcommittees, etc.

Step 4. Provide instructions on how to proceed based upon information in Section VI.

Worksheet G

County _____

INFORMATION RETRIEVAL FORM

The purpose of this form is to obtain information on the services provided by your agency. The information will be used by the County Early Intervention Advisory Group to compare the services offered in our county to the program requirements in HB 2021. All the components listed on this form are required to be present in the county if funding is to be received from the Department of Education for serving children 0-6 years who are significantly handicapped. The information will be used to begin planning for a system of comprehensive services for early intervention in our county. Thank you for your assistance.

Provider Name _____ Date _____

Address _____ Phone # _____

Person Providing Information _____

Position/Title _____

Person Collecting Information _____

ANCILLARY TREATMENT:

1. Which ancillary services do you provide?

   ____ Physical Therapy ____ Speech Therapy

   ____ Occupational Therapy ____ Other (List) _____

2. Is treatment provided on a: ____ Direct Therapy Model ____ Consultive Model

3. Approximately how many hours per week of therapy do children receive (either direct therapy or via consultive model)? Use formula: Total number of IPP hours - number of children.

   List average number of hours per child - only count children whose IPP's require therapy:

   ____ OT ____ PT ____ Speech ____ Other

4. Are the therapists licensed by the State of Oregon? ____ Yes ____ No

   Comments _____

5. Do the therapists have training in working with:

   Children 0-6 years ____ Yes ____ No

   Handicapped Children ____ Yes ____ No

BUILDING REQUIREMENTS

1. Is the site where children receive services barrier free? ____ Yes ____ No

2. How frequently are fire drills conducted? _____

3. Is there adequate space for children, storage, lighting, outside play area, accessible restrooms and private parent training area? _____ Yes _____ No

CLASSROOM PROGRAM (teachers, aides, volunteers, therapy aides)

1. List staff names, position, degree (teachers), number of hours preservice training (aides), and certification. (Note: Certification is not currently required of teachers. Preservice is defined as training received prior to working with children, which prepared person for job.)

   Example:

Name	Position Title	F.T.E.*	Degree/ # Preservice Hours	Certification
Sue Jones	Teacher	1.0	BS/	Severely Handicapped
Tom Wilson	Aide	.5	CDA/12	None
Jean Day	Volunteer	.25	-/12	None

Name	Position Title	F.T.E.	Degree/ # Preservice Hours	Certification
			/	
			/	
			/	
			/	
			/	
			/	
			/	

(Continue additional information on reverse side)

2. How many children (handicapped) are you serving?

   _____ 0-2 Years _____ 3-6 Years _____ Total

3. Do all of the students receive 15 hours of individualized instruction per week?

   _____ Yes _____ No

4. Does your calendar include 175 days of service? _____ Yes _____ No

5. Is there a ratio of 1:4 adults to students? _____ Yes _____ No

   (Use formula: Total number of children divided by total adults F.T.E.)

* F.T.E. = Full Time Equivalent

ARRAY OF SERVICES

1. What services are available through your agency?

_____	Parent Training	_____	Part-Time Integration
_____	Toddler Group	_____	Full-time Mainstream
_____	Preschool Program (MR/DD)	_____	Ancillary Service
_____	Preschool Program (VI or HI)	_____	Sibling Interaction Training
_____	Parent Support Group	_____	Parent Education
_____	Family Counseling	_____	Other (List): _____
_____	Case Management		_____
_____	Respite		_____

MIX AND MATCH OF SERVICES AND FUNDING

1. Do you currently provide Early Intervention Services through more than one funding source? _____ Yes _____ No

2. Do you use any of the following funding sources?

State (HCF)	_____ Yes	_____ No	_____ Don't Know
Federal (Title 1)	_____ Yes	_____ No	_____ Don't Know
Federal (94-142)	_____ Yes	_____ No	_____ Don't Know
Local District	_____ Yes	_____ No	_____ Don't Know
E.S.D.	_____ Yes	_____ No	_____ Don't Know
Tuition	_____ Yes	_____ No	_____ Don't Know
Insurance	_____ Yes	_____ No	_____ Don't Know
Donations	_____ Yes	_____ No	_____ Don't Know

Other (List) _____

_____

3. What are your estimated costs per student given salaries/wages and fringe benefits for teachers, aides, and ancillary staff? (Please divide salary/wages and fringe benefits by the number of children in Early Intervention. DO NOT include costs related to administration, supervision, indirect, utilities, space, or transportation.)

INTERACTION WITH CHILDREN WHO ARE NOT HANDICAPPED

1. Are there opportunities for interaction with nonhandicapped peers?

   _____ Yes _____ No

   Please list:

Activity	Number of Non Handicapped	Number of Handicapped	Total Length of Time	# of Times Per Week

FIXED POINT OF REFERRAL

1. Who is the main referral source for your services? _____

   _____

2. How many days does it take for a referral to begin your services? _____

   _____

3. Who do you consider the most knowledgeable individual/agency regarding community resources? _____

   _____

ELIGIBILITY CRITERIA

1. Do you have written procedures for determining eligibility for your services?

   _____ Yes _____ No

2. What standardized evaluation instruments do you consider preferable for determining eligibility? List: _____

   _____

   _____

3. Do you keep a roster of children described by age, sex, and diagnosis (example: Client Program Monitoring System) _____ Yes _____ No

ENROLLMENT FILES

1. Do you maintain enrollment files which include:

	Evaluation material	_____ Yes	_____ No
	Statement of eligibility	_____ Yes	_____ No
	Parental permission for service	_____ Yes	_____ No
	Notification to resident school district	_____ Yes	_____ No
	Physician statement	_____ Yes	_____ No
Other:	Case history	_____ Yes	_____ No
	Educational data/reports	_____ Yes	_____ No
	Communication	_____ Yes	_____ No
	Immunizations	_____ Yes	_____ No

_____

_____

_____

EVALUATION SOURCE

1. Who does your eligibility evaluation?

Crippled Children's Division	_____ Yes	_____ No
Multi disciplinary team	_____ Yes	_____ No
Other approved source	_____ Yes	_____ No

List: _____

_____

_____

GRIEVANCE PROCEDURES

1. Do you have written grievance procedures? _____ Yes _____ No
2. When and how are they made available to parents? _____

_____

_____

_____

INDIVIDUAL PROGRAM PLANS (IPP)

1. Do all children have an IPP developed within 30 days of receiving services?

_____ Yes _____ No

2. Who "generally" attends IPP meetings?

_____ Parents
_____ Teacher/parent trainer
_____ Case manager
_____ Program supervisor
_____ School district representative
_____ Other (List): _____

_____

_____

3. Does your IPP form include:

Statement of child's present skill level	_____ Yes	_____ No
Annual goals	_____ Yes	_____ No
Short term objectives	_____ Yes	_____ No
Services to be provided	_____ Yes	_____ No
Dates indicating beginning, frequency and duration of service	_____ Yes	_____ No
Methods	_____ Yes	_____ No
Parties participating	_____ Yes	_____ No

TRAINING AND HABILITATION ASPECTS OF IPP

1. Does your IPP describe:

Objective criteria	_____ Yes	_____ No
Instructional procedures	_____ Yes	_____ No
Schedules for evaluation	_____ Yes	_____ No

2. Do you include objectives to be instructed and measured in the integrated environments? _____ Yes _____ No

MULTIDISCIPLINARY TEAM (MDT)

1. Do you utilize a MDT for:

Determining eligibility	_____ Yes	_____ No
Performing evaluations	_____ Yes	_____ No
Staffing for individual children	_____ Yes	_____ No

2. Who is on your MDT (List by job title): _____

_____

_____

_____

_____

PARENT TRAINING

1. List Personnel:

Name Degree/Training - (Specific to Early Childhood or Special Ed.)

2. Does parent trainer provide a minimum contact of 1 hour per week?

_____ Yes _____ No

3. Are parent training services available 12 months per year? _____ Yes _____ No

REPORTING REQUIREMENTS

1. Is your agency currently completing:

Oregon Preschool Assessment Systems (O-PPS)	_____ Yes	_____ No
Client Progress Monitoring System (CPMS)	_____ Yes	_____ No
Annual Statement verifying school district	_____ Yes	_____ No
Early Childhood quarterly billing claims (Dept. of Ed.)	_____ Yes	_____ No
Other state agency reports (List):	_____ Yes	_____ No

_____

_____

_____

_____

STAFF TRAINING

1. Does your agency provide training for staff related to special education or working with families? _____ Yes _____ No

   Describe _____

   _____

   _____

   _____

2. What inservice activities (outside of your agency) have Early Intervention staff attended this past year? List: _____

   _____

   _____

   _____

   _____

3. Would your ancillary staff benefit from inservice training?

   _____ Yes _____ No

   List area or topic: _____

4. Do you budget for inservice training for your staff?

   _____ Yes _____ No

OVERVIEW OF ACTIVITIES

SECTION VI

Developing Objectives for Plan Components
(Unspecified Number of Committee Meetings)

Purpose: To write objectives that will address the priority components of the Plan that were identified by the Local Advisory Group in Section V.

During this phase of the planning process, the individual subcommittees will be meeting to develop plans for implementing or improving components identified during the last Advisory Group meeting. These plans, along with a description of the components of the plan that are already in place, will make up the local Early Intervention Plan.

Preparations for the Committee Meetings
- A. Arrange a time and place for each meeting
- B. Make copies of Early Intervention Local Plan Worksheets (Worksheet H). Obtain other materials

Tasks of Committee Meetings
- A. Using Early Intervention Local Plan Worksheet, develop objectives, activities, persons responsible, evaluation and timeline for each component
- B. After agreement is reached in the subcommittee, present completed plan to the Advisory Group for review and comment.

Materials provided:

Section VI

Developing Objectives for Plan Components

In Section V, it was recommended that the Advisory Group outline two distinct groups of components. The first group are those which are complete and in place, and the second, are those which require development. Both sets of components may be included in the Plan. The **PURPOSE** of the **Early Intervention Local Plan** (Worksheet H - see page 67) is to provide a guide for county groups to follow when writing the comprehensive Plan. Another **PURPOSE** is to give continuity across counties so that the compilation of the local plans can effectively become a major section in Oregon's State Plan for Early Intervention. (See page 5 for description of Oregon's Early Childhood State Planning Grant.)

The planning form (Worksheet H), includes the following items:

COMPONENT: Each component should be identified on a separate sheet or set of sheets, and named on the top line of the form. The components can be taken from the **Early Intervention Component Worksheet** (Worksheet C).

OBJECTIVE: An Objective (or series of objectives) should be developed for each component. Objectives should be stated in measurable terms.

> Example: To assure that eligibility determinations are made within four weeks of the referral in all Early Intervention Programs.

ACTIVITY: The steps or activities required to meet the objective/s should be described in the second column.

Example: Gain consensus from Local Advisory Group and providers as to membership of Multi Disciplinary Team.

PERSON RESPONSIBLE: Each activity should have a corresponding person or agency responsible for its implementation.

Example: Helen Davis - Direction Service Coordinator
Jack King - MR/DD Preschool Coordinator.

EVALUATION: What kind of evaluation activities will be implemented? Where are the checks and balances? These are examples of evaluation questions.

Example:
Question - "Are the MDT Members representative of the providers?"
Activity - 1) Get feedback from Advisory Group in 6 months.
Person Responsible - Jack

TIME LINE: This column corresponds to the "activity" columns. The date of anticipated completion for both the objective activity and the evaluation activity should be noted.

Example: Determine Membership by 9/85, and review by 2/86.

The **PROCESS** for utilizing these forms may be varied. They can be used during the drafting process of the Early Intervention Plan and then finalized for the submission.

During the writing process, subcommittees will be reporting their progress at the local Advisory Group meetings. The Advisory Group provides feedback on any forms or procedures which are drafted. An example from a completed plan is presented on page 69.

County _____

WORKSHEET H

EARLY INTERVENTION LOCAL PLAN

(Use Additional Sheets as Needed)

Component:

OBJECTIVE	ACTIVITY	PERSON RESPONSIBLE	EVALUATION QUESTION	EVALUATION ACTIVITIES	EVALUATION PERSON RESPONSIBLE	EVALUATION TIMELINE FOR COMPLETION

67

68

69

- EXAMPLE -

County Elk

EARLY INTERVENTION LOCAL PLAN

(Use Additional Sheets as Needed)

Component: Eligibility

OBJECTIVE	ACTIVITY	PERSON RESPONSIBLE	EVALUATION QUESTION	EVALUATION ACTIVITIES	EVALUATION PERSON RESPONSIBLE	TIMELINE FOR COMPLETION
1. To assure that eligibility determinations are made within 4 weeks of the referral in all early intervention programs.	1.1 Determine membership of Multidisciplinary Team (MDT).	Helen & John	1.1.1 Are the people on the MDT representative of providers?	1.1.1.1 In six months, obtain feedback from Advisory Group.	Jack	Members determined by Sept. 1985 Feedback by Feb. 1986
	1.2 Establish schedule of meetings.	Helen	1.2.1 How long are meetings lasting? 1.2.2 How many intakes per meeting?	1.2.1.1 Keep track of the number of children & length of meetings. Discuss with MDT for possible procedure revision.	Helen	Schedule begins Sept. 1986 Reviewed by Nov. 1986
	1.3 Develop forms which will summarize evaluation info. and serve as documentation of meeting.	Jack	1.3.1 Are agencies using the forms? Are they having to collect additional info. that could be included on forms?	1.3.1.1 Get feedback from Advisory Group & revise forms as needed.	Jack	Developed by Oct, 1985 Revised by Feb. 1986
	1.4 MDT meets on scheduled basis to review records & determine if child is eligible for early intervention services. Refer to provider for placement.	Helen	1.4.1 How long does it take a child from the point of referral until eligibility is determined?	1.4.1.1 MDT maintains log documenting initial contact date, date of eligibility, & referral agency.	Helen	Monthly logs
			1.4.2 How many children being referred, are not eligible for early intervention, but have special need?	1.4.2.1 Summary reports are given to Advisory Group quarterly.	Helen & Jack	Quarterly reports

OVERVIEW OF ACTIVITIES

SECTION VII

Compiling the Comprehensive Written Plan for Early Intervention Services
(Unspecified Number of Committee Meetings)

Purpose: To compile the Comprehensive Written Plan for Early Intervention Services

Preparation for Meeting
- A. Collect and copy the objectives that various committees have developed
- B. Mail copies to Advisory Group members prior to meeting
- C. Arrange time and place for meeting

Tasks for Meeting
- A. Committee presentations of completed plan components
- B. Revise and adapt as needed
- C. Reach final consensus on objectives
- D. Obtain signatures of membership on cover sheet (figure 1)
- E. Identify which components the Advisory Group will address first
- F. Develop plans to implement selected plan objectives
- G. Make plans to submit the plan to the Coordinating Council for Early Intervention

Materials
- A. Figure 1 - cover letter
- B. Figure 2 - cover sheet

SECTION VII

COMPILING THE PLAN FOR EARLY INTERVENTION SERVICES

A major milestone for all local Advisory Groups, will be the compilation of their local Comprehensive Written Plans. The many hours of discussion, writing, and review, will ultimately culminate in a document which will reflect the ongoing and evolving system of early intervention services for Oregon communities. Since this is to be a "living" Plan, continually being revised and updated to reflect the community's services, this will be the first of many milestones in its development.

It is recommended that the following items be submitted in the final local Plan:

(a) Cover letter describing philosophy, organization, and outcome of collaborative planning (see Figure 1)

(b) Cover Sheet with contact person identified and list of Advisory Group participants (see Figure 2)

(c) Goal Statement

(d) Fact Sheet (see Figure 3)

(e) Aggregated **Component Worksheet** (C)

(f) **Information Retrieval Forms** (G)

(g) **Plan Sheets for Each Component** (H)

(h) Appendix: Support evidence and examples (i.e., MDT report forms, intake logs, community awareness brochures)

Local written PLANS ARE TO BE SUBMITTED TO:

Coordinating Council for Early Intervention Services
c/o State Department of Education
700 Pringle Parkway S. E.
Salem, OR 97310

Local written Plans must be received no later than April 1, 1986. Within 45 days, the Coordinating Council for Early Intervention Services will determine a review schedule. The contact person listed on the Plan, will be notified regarding the review schedule. Program and local Advisory Group members are invited and encouraged to attend the review session. The Plan review will include the following elements:

1. Each Plan will be evaluated for the inclusion of required components.
2. Local representatives will be invited to respond to questions from the Council. The purpose of the questions will be to clarify and expand issues related to the Plan.
3. Written reports will be provided to the local county contact person, identifying omissions including recommendations for possible modifications. Reports will be mailed by June 1, 1986.
4. Copies of the local Comprehensive Written Plans and the evaluation reports will be forwarded to the Mental Health Division and the Department of Education for final review for contractual purposes. Local Advisory Groups may submit amended Plans directly to the Mental Health Division and Department of Education. Amended plans must be received by June 15, 1986.
5. Modified Plans will be requested annually.

March 25, 1986

Coordinating Council for Early Intervention
c/o Oregon Department of Education
700 Pringle Parkway SE
Salem, OR 97310

Dear Members of the Council:

Enclosed is (County name) county's comprehensive Plan for early intervention services. The Plan describes a coordinated delivery system which is consistent with the provision of ORS 343.353 to 343.367. It is the intent of this county to provide early intervention services to all eligible preschool children within the service area. In order to meet the content requirements, the Plan includes the following elements:

Page

1. Cover Sheet with names and role of Advisory Board Members .....
2. Goal Statement .....
3. County Fact Sheet of Designations and Determinations .....
4. Planning Worksheets for the following components:
   - Mix and Match of Funds .....
   - Opportunities for integration .....
   - (OTHERS) .....
   - .....
   - .....

Sincerely,

(Name)
Local Advisory Group, Chairperson

Figure 1. Sample Cover Sheet

COMPREHENSIVE WRITTEN PLAN FOR EARLY INTERVENTION SERVICES

County _____

Date Submitted _____

Local Contact Person: Name _____

Address _____

Phone _____

Committee Participants

Name (type or print)	Signature	Agency/Parent

Figure 2. Cover Sheet

FACT SHEET
of Designations and Determinations

(ORS 343.353 to 343.367)

(B) Primary provider(s) for early intervention services

Agency Name	Address	Contact Person

(C) Array of services in the area (list and briefly describe)

(D) Ancillary services (list service, name of therapist, how employed, i.e. private contract, contract through hospital, etc.)

(E) Attach roster of eligible children for early intervention services.

Program	Name of Child	DOB	Handicapping Condition (Use CPMS categories)

(H) Attach copies of Interagency Agreements or describe informal agreements.

(I) Fixed Point of Referral (list name, position and agency. Attach description of system which assures timely evaluation and placement)

Figure 3

Conclusion:

The purpose of this workbook was to assist Local Advisory Groups in developing their Plan for early intervention services as required by the OAR. The workbook included a series of sequential tasks and corresponding worksheets designed to assist in the planning process. Upon completion of the workbook, Advisory Groups will have a final Plan which reflects the resources and needs of their local community. The final Plan will be a guide for the Local Advisory Group for implementing and evaluating local services. Through a coordinated interagency approach, the goal of quality services will be reached.

APPENDIX A

HOUSE BILL 2021

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B-Engrossed

House Bill 2021

Ordered by the Senate July 2
Including House Amendments dated May 23 and Senate Amendments dated June 28 and July 2

Ordered printed by the Speaker pursuant to House Rule 12.00A (5). Presession filed (at the request of House Interim Committee on Education and Labor)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure.

Establishes program of early intervention services to handicapped preschool children under Department of Education and Mental Health Division. Creates Coordinating Council for Early Intervention Services. Requires resident school district to make financial contribution in certain circumstances. Requires districts to provide transportation services and authorizes transportation reimbursement.

A BILL FOR AN ACT

Relating to special education; creating new provisions; amending ORS 339.185, 343.035, 343.175 and 343.221; and appropriating money.

Be It Enacted by the People of the State of Oregon:

SECTION 1. ORS 343.035 is amended to read:

343.035. As used in this chapter unless the context requires otherwise:

(1) "Orthopedically impaired or other health impaired" means a disability which has been diagnosed by a physician licensed by the Board of Medical Examiners for the State of Oregon as permanent or which is expected to extend over a two-month period.

(2) "Handicapped children" [*includes all persons under 21 years of age*] **means those school age children who are entitled to an education as specified by ORS 339.115 or children who are of the age served by their school districts of residence in the regular education programs of the districts, and** who require special education in order to obtain the education of which they are capable, because of mental, physical, emotional or learning problems. These groups include, but are not limited to those categories that have traditionally been designated: Mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired or other health impaired children; individuals who are pregnant; or children with specific learning disabilities.

(3) "Handicapped preschool children" means all children between the time of identification of their handicap and school age who meet the eligibility criteria for early intervention services as established by section 4 of this 1983 Act.

[*(3)*] **(4)** "Special education" means specially designed instruction to meet the unique needs of a handicapped child, including regular classroom instruction, instruction in physical education, home instruction, related services, and instruction in hospitals, institutions and special schools.

[*(4)*] **(5)** "Related services" includes transportation; and such developmental, corrective and other supportive services (including speech pathology and audiology, psychological services, physical and

NOTE: Matter in **bold face** in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted.

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occupational therapy, special equipment, reader services, volunteer services to enhance special education programs, recreation, and medical and counseling services, except that such medical services shall be for diagnostic and evaluation purposes only) as may be required to assist a handicapped child to benefit from special education, and includes early identification and assessment of handicapping conditions in children.

SECTION 2. ORS 343.221 is amended to read:

343.221. In order to provide special education for handicapped children, the district school board of any school district in which there are school age children [*under 21 years of age*] who require special education:

(1) Shall submit an annual projected activities and cost statement to the Superintendent of Public Instruction for a program of special education for the district's handicapped children. The proposed district program shall include provisions for providing special education and related services and be designed to meet the unique needs of all resident handicapped children.

(2) Shall provide special education for such children consistent with the projected activities and cost statement.

(3) May, when the board considers a contract to be economically feasible and in the interests of the learning opportunities of eligible children, contract for special education for such children with another school district or an education service district if:

(a) The district school boards jointly agree to provide special education.

(b) The school districts within the education service district approve the contract by a resolution adopted in the manner provided in ORS 334.175 (2).

(c) Any school district within the education service district contracts with the education service district in the manner provided in ORS 334.175 (3) for such special education.

(4) May contract with private agencies or organizations approved by the State Board of Education for special education.

(5) May use the services of public agencies, including community mental health programs, which provide diagnostic, evaluation and other related services for children.

(6) May contract for the provision of related services by a person in private practice if that person is registered, certified or licensed by the State of Oregon as qualified to provide a particular related service that requires registration, certification or licensing by the state.

SECTION 3. Sections 4 to 7 of this Act are added to and made a part of ORS chapter 343.

SECTION 4. (1) It is the policy of the State of Oregon to provide early intervention services to handicapped preschool children immediately upon identification of their handicapping condition for purposes of fostering their developmental growth, maximizing their potential for independent functioning in society and reducing the stress of their families.

(2) In carrying out the provisions of subsection (1) of this section, the Department of Education and the Mental Health Division shall establish by rule criteria by which to determine those handicapped preschool children entitled to early intervention services under this 1983 Act. These criteria shall focus on children with disabilities that can be expected to continue indefinitely, and that cause a substantial delay in the children's development and their ability to function in society.

(3) In the manner provided in subsection (5) of this section, the Department of Education and the Mental Health Division shall provide early intervention services to handicapped preschool children determined eligible

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for such services under rules established pursuant to subsection (2) of this section. Early intervention services are programs of treatment and habilitation designed to address a child's developmental deficits in sensory, motor, communication, self-help and socialization areas. Such services may include classroom training, parent training and consultation, transportation to classroom program, and other ancillary services such as physical therapy, occupational therapy and speech therapy. These services shall be provided within the limit of funds specifically appropriated or authorized for the services.

(4) An individual program plan shall be developed annually for each child receiving early intervention services which contains specific and measurable goals and objectives for the child's developmental growth. The plan shall be developed at an annual planning meeting with the participation of the parents of the child or a representative and professionals with specialized knowledge related to the child's disabilities. A representative of the resident school district of the child shall participate in the planning meeting the last year before the child enters school.

(5) The Mental Health Division shall provide early intervention for handicapped preschool children with mental retardation and other developmental disabilities and the Department of Education shall provide early intervention services to all other eligible preschool children directly or by contract with public or private agencies. The two agencies shall coordinate their activities to assure the effective and efficient delivery of services.

(6) The Mental Health Division and the Department of Education shall establish procedures for mediation of disputes concerning eligibility for or appropriateness of services in individual cases, conduct of hearings relating to eligibility or appropriateness and for any other due process or procedural requirements that may result from the implementation of this 1983 Act. Insofar as possible the procedures shall be uniform. The division and the department, respectively, shall be the answering party in any proceedings under this 1983 Act.

SECTION 5. (1) The Department of Education and the Mental Health Division shall establish jointly a Coordinating Council for Early Intervention Services. The Superintendent of Public Instruction and the Assistant Director for the Mental Health Division, or their designees, shall serve on this council and each shall appoint one recognized expert in early intervention services for handicapped preschool children. Additionally, the superintendent and the assistant director shall appoint jointly one representative of a major consumer advocacy group that represents the interests of handicapped children and one representative of a provider group serving handicapped preschool children.

(2) The coordinating council shall meet at least semiannually and shall insure that the department and the division:

(a) Set appropriate standards for early intervention services.

(b) Implement and maintain standardized state-wide program evaluation systems, which measure individual child progress, program compliance with standards and overall program effectiveness.

(c) Implement and maintain a state-wide central registry of early intervention services.

(3) The coordinating council shall:

(a) Report to the Legislative Assembly on the effectiveness of early intervention services; and

(b) Conform any procedures it institutes with the requirements imposed pursuant to subsection (6) of section 4 of this 1983 Act.

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(4) Members of this council shall not be eligible for subsistence and mileage allowances under ORS 292.495.

SECTION 6. (1) The resident school district of a handicapped preschool child who participates in or receives services from a program established under this 1983 Act shall contribute an amount equal to the actual cost of these services or one-half of the state-wide average per capita cost for school students in Oregon, whichever is lesser. The average per capita amount shall be determined by the Superintendent of Public Instruction based upon the previous school year. Districts shall be billed quarterly by the department and payment shall be made to the department to be deposited in the General Fund and continuously appropriated to the department to pay expenses of the program whether incurred directly or as reimbursement to any other state agency. The liability of a resident school district shall not exceed the amount established under this subsection even if the child is served through a county or regional program otherwise subject to ORS 343.305.

(2) School districts shall provide transportation services to handicapped preschool children attending programs under this 1983 Act and may include those costs in their claims for transportation costs reimbursement under ORS 327.035. No state agency is required to pay transportation other than the claims on the Basic School Support Fund.

SECTION 7. School districts shall not be financially responsible for noneducational care of a handicapped child unless that district has participated in development of the child's individualized education plan that clearly documents such care is prerequisite to the child receiving a free and appropriate education and the placement is for educational program needs, rather than care needs.

SECTION 8. ORS 339.185 is amended to read:

339.185. (1) A dependent child, as defined in ORS 339.165, must be admitted to the public schools of the district in which the child has been placed by the public or private, licensed child-caring agency.

(2) Except as provided in ORS 343.960 to 343.980, the school district shall provide or cause to be provided appropriate education to dependent children, including the identification and evaluation of such children for purposes of determining their eligibility as handicapped children to receive special education services enumerated in ORS 343.035 [*(3)*] (4) and 343.650 (2). The education may be provided by the school district or by contract with an adjacent school district, an education service district, a private education agency, a community college, higher education programs or, if the program meets the criteria established under ORS 343.045, any other appropriate program. The instruction may be given in the facilities of such districts or in facilities provided by the education agency or the child-caring agency in which the child resides.

(3) The attending district shall notify the Department of Education as to the number of days of attendance by each child of a resident district by July 15 following the school year. The notification shall be accompanied by a signed affidavit from the agency having legal custody of the child or children, stating the period of time the child has lived in the district providing the educational service.

(4) The department shall compute the costs and shall submit a bill for tuition payment to the resident district. The resident district shall remit payment directly to the attending district upon receipt of the tuition billing.

(5) The attending district shall supply the names of dependent children to the department by March 1 of the year for which billing is to be made. The department shall supply the names of the dependent children to the superintendent of the resident district which is billed for tuition for the dependent children. To maintain

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confidentiality of the records, the department shall supply the names of the dependent children separate from the billing therefor.

(6) The resident district may appeal its classification as "resident district" to the Superintendent of Public Instruction. The superintendent shall determine the residency of the dependent children in question and [*his*] the decision is final and not subject to appeal.

(7) The Superintendent of Public Instruction shall determine the amount of tuition based upon the average current expenditure per resident average daily membership state wide. The figure so determined shall be divided by the number of days taught in the attending district submitting the tuition notification. This figure multiplied by the total days' attendance of the individual child in the attending district shall represent the tuition charge to the resident district.

SECTION 9. ORS 343.175 is amended to read:

343.175. (1) Notwithstanding ORS 183.480, the decision of the hearings officer under ORS 343.165 shall be reviewed by a reviewing officer appointed by the Superintendent of Public Instruction:

(a) Upon request therefor by the parent;

(b) If the school district refuses to accept the decision of the hearings officer and notifies the Superintendent of Public Instruction of that refusal; or

(c) If the school district fails to implement the decision within 10 days and the superintendent is notified of that failure by the parent, unless the superintendent extends the time in exceptional cases for a reasonable period.

(2) The superintendent shall appoint a reviewing officer pursuant to rules of the State Board of Education. The reviewing officer shall conduct an impartial review, examining the entire record of the hearing and determining whether the procedure at the hearing was consistent with the requirements of law. The [*superintendent*] reviewing officer may seek additional evidence to be presented if the [*superintendent*] officer finds the record to be inadequate. The parent and the school district shall be given an opportunity to present written and oral argument, or both.

(3) At the conclusion of the review, the [*superintendent*] reviewing officer shall enter a written final order modifying, sustaining or reversing the decision of the hearings officer.

(4) The order entered under this section shall be entered not later than 30 days after receipt of the request for the review unless an extension has been granted by the [*superintendent*] reviewing officer upon the request of the parent or the school district.

(5) Either the parent or the school district may appeal the order of the [*superintendent*] reviewing officer to the Court of Appeals under ORS 183.480.

APPENDIX B

OREGON ADMINISTRATIVE RULES

EARLY INTERVENTION

OREGON ADMINISTRATIVE RULES

For

EARLY INTERVENTION SERVICES

DEPARTMENT OF EDUCATION/MENTAL HEALTH DIVISION

APPROVED

APRIL 5, 1985

EARLY INTERVENTION SERVICES

Purpose and Statutory Authority

309-41-200 (1) Purpose. These rules prescribe standards for the Mental Health Division and the Department of Education for the provision of early intervention services to handicapped preschool children with mental retardation or other developmental disabilities, vision impairment, or hearing impairment.

(2) Statutory Authority. These rules are authorized by ORS 430.041 and carry out the provisions of ORS 343.353 to 343.367.

Definitions

309-41-205 as used in these rules:

(1) "Age of eligibility" is determined based on the child's age on the date established in Oregon law for determining school age for the current year. Children under the age of five are eligible for the program. Children between the ages of five and six are eligible if their resident school district does not provide public education beginning at age five.

(2) "Ancillary services" means specialized services provided so the child may participate in the appropriate early intervention program. Such services may include but are not limited to physical therapy, occupational therapy, speech therapy, and services by specialists in hearing and vision impairment.

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(3) "Classroom training" means an early intervention program provided in a classroom setting that may include education and training in self-contained programs for the handicapped, parent cooperatives, Head Start programs, or other programs for preschool aged children.

(4) "Community mental health program" means the organization of all services for persons with mental or emotional disturbances, drug abuse problems, mental retardation or other developmental disabilities, and alcoholism and alcohol abuse problems, operated by, or contractually affiliated with, a local mental health authority, operated in a specific geographic area of the state under an interagency agreement or direct contract with the Mental Health Division.

(5) "Developmental disability (DD)" means for the purposes of this rule a disability of a person which is attributed to mental retardation, cerebral palsy, epilepsy or other handicapping condition and the disability:

(a) Originates before the person attains the age of 22 years, except that in case of mental retardation the condition must be manifested before the age of 18;

(b) Can be expected to continue indefinitely; and

(c) Constitutes a substantial delay in the child's ability to function in society.

(6) "Division" means the Mental Health Division of the Department of Human Resources.

(7) "Early intervention" means services of treatment and habilitation designed to address a child's developmental deficits in sensory, motor, communication, self-help, and socialization areas. Such services may include classroom training, parent training and consultation, transportation to classroom programs, and other ancillary services, such as physical therapy, occupational therapy, and speech therapy.

(8) "Handicapped preschool child" means children between the time of identification of their handicap and school age who meet the eligibility criteria for early intervention services as established under these rules.

(9) "Hearing impairment" means:

(a) An average of 25 decibels or greater pure tone loss of hearing across three frequencies in the better ear (other than a temporary loss which can be reversed medically).

(b) For children three years old to school age one or more of the following characteristics:

(A) Speech unintelligible to the listener 25 percent of the time for students through age four and 15 percent of the time for students age five to school age;

(B) Oral language delay as determined by appropriate instruments, of one year, for ages three to six.

(10) "Individual training" means a specific program based on an assessment of a child's need for skill training.

(11) "Individual program plan" means a training plan developed annually for each preschool child which contains measurable goals and objectives for the child's developmental growth, and which is developed after consideration of all appropriate assessment information and with full involvement of the child's parent(s), guardian, or representative and professionals with specific knowledge related to the child's disability.

(12) "Local mental health authority" means the county court or board of county commissioners of one or more counties who operate a community mental health program, or in the case of a Native American reservation, the tribal council, or if the county declines to operate or contract for all or part of a community mental health program, the board of directors of a public or private corporation.

(13) "Mental retardation (MR)" means significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the development period. Persons of borderline intelligence may be considered mentally retarded if there is also serious impairment of adpative behavior. Definitions and classifications shall be consistent with the "Manual on Terminology and Classification in Mental Retardation" of the American Association on Mental Deficiency, 1977 Revision. Mental retardation is synonymous with mental deficiency.

(14) "Parent" means a natural parent, guardian, or other primary residential care giver including but not limited to foster parents.

(15) "Parent training program" means a training program for the parents of children designed to teach the parents or other primary caregivers, the skills necessary to provide the child with the stimulation and skill level necessary to maximize the child's development.

(16) "Regional program" means programs contracted by the Oregon Department of Education which provide early intervention and ancillary services to handicapped preschool children with vision impairment and hearing impairment.

(17) "State agency" means the Mental Health Division in the case of children with mental retardation or other developmental disabilities, and the Department of Education for children with vision impairment or hearing impairment.

(18) "Vision impairment" means a condition that exists if one or more of the following exist:

(a) Residual visual acuity is 20/200 or less in the better eye with correction; or

(b) Acuity is 20/70 or less in the better eye with correction; or

(c) Visual field is restricted to 20 degrees; or

(d) Presence of an eye condition, either an eye pathology or a progressive eye disease, which is anticipated to reduce either acuity or field of vision as described above and the child has received or is receiving medical treatment for this condition;

(e) Inadequate functional vision exists as described above and the child is unable to be adequately tested temporarily.

General

309-41-210 (1) Each early intervention program shall be operated by or subcontracted by the community mental health program or a Department of Education regional program.

(2) Community mental health early intervention programs serve children found eligible primarily because of mental retardation or developmental disability. Department of Education regional early intervention programs serve children found eligible primarily because of hearing or vision impairment.

(3) Each early intervention program shall enroll children determined eligible for service without regard to race, color, creed, sex, national origin, or duration of Oregon residence.

(4) Each early intervention program shall develop cooperatively with the community mental health program and the Department of Education regional program serving their areas a written comprehensive plan and agreements to assure the delivery of coordinated early intervention services to all children eligible under this rule. This plan shall:

(a) Be developed within twelve months of the adoption of this rule and modified at least annually thereafter;

(b) Be consistent with the early intervention provisions of ORS 343.353 to 343.367 requiring the coordinated delivery of services;

(c) Assure the provision of state-approved early intervention services to all eligible preschool children within the service area; and

(d) Include at least the following elements:

(A) Evidence that a local early intervention advisory group has been formed in the local area representing both providers and parents of handicapped preschool children;

(B) Designation of which agency or agencies will be the primary providers for early intervention services;

(C) Determination of the array of services needed in the area;

(D) Determination of ancillary services needed in the area;

(E) Description of eligible children in the area, categorized by age, sex, and diagnosis;

(F) Description of how services and funding will be mixed and matched in the most efficient manner across all disability categories;

(G) Description of how programs will assure opportunities for handicapped preschool children to interact with their non-handicapped peers;

(H) Description of agreements between the primary providers and other agencies that assure the provision of needed ancillary services; and

(I) Determination of a "fixed point of referral" for the area that assures a timely evaluation and placement of an eligible child in one or more components of the early intervention program.

Eligibility Determination

309-41-215 (1) The fixed point of referral, established under OAR 309-41-210(4), shall accept the referral, notify the resident district of a possible eligible child, and assure that a complete evaluation occurs through referral and follow-up to an approved evaluation source.

(2) An approved evaluation source, for the purposes of this rule shall include:

(A) The Crippled Children's Division; or

(B) The Diagnosis and Evaluation section of the Mental Health Division; or

(C) A multi-disciplinary team from the resident school district or education services district, charged with the identification of handicapped children; or

(D) Other agencies as approved by the Mental Health Division or the Department of Education; or

(E) Any combination of the above listed sources.

(3) The community mental health program or the appropriate regional program, after making the evaluation material available to the resident school district to review, shall make the determination of eligibility using:

(a) Documentation, from an approved evaluation source, that the referred child has a vision impairment, hearing impairment, mental retardation, or a developmental disability as defined in this rule; and

(b) Documentation from an approved evaluation source that the child's developmental age is:

(A) 56 to 75 percent of the child's chronological age in three or more of the following skill areas:

(i) Gross motor;

(ii) Fine motor;

(iii) Communication;

(iv) Expressive language;

(v) Receptive language;

(vi) Cognitive;

(vii) Self-help; and

(viii) Capacity to relate appropriately to people, objects, or events; or

(B) 40 to 55 percent of the child's chronological age in two of the skill areas in subsection 3(c)(A) of this rule; or

(C) Less than 40 percent of the child's chronological age in one of the skill areas in subsection 3(c)(A) of this rule; or

(D) In the case of children below 18 months of age, there is medical documentation that the child has an identified genetic, neurological, muscular, or medical condition that will result in the child being developmentally disabled.

(4) Upon determination of eligibility, the resident school district of the child shall be notified of the determination, and the child shall be enrolled in the appropriate early intervention program.

(5) In areas where Department of Education regional programs are limited, early intervention program under the Mental Health Division shall serve children eligible for regional program services for early intervention if:

(a) The Mental Health Division (MHD) program is deemed by all participants in the development of the individual program plan as the most appropriate early intervention program; and

(b) Provisions have been made for the Department of Education regional program to purchase these services from the MHD program at a rate equal to the rate for any other MHD eligible child.

Enrollment

309-41-220 (1) Eligible children will be enrolled in the appropriate early intervention program, based on the handicapping condition of the child, as defined in these rules.

(2) The following information must be on file with the early intervention program:

(a) Copies of evaluation materials used to determine eligibility;

(b) Statement of eligibility from the community mental health program or the appropriate regional program;

(c) Signed statement from the child's parents, guardians, or representative indicating that the purpose of enrollment has been clearly explained, program services have been described, grievance procedures have been explained, and they agree to the child's enrollment in the program;

(d) Documentation that the resident school district of the child has been notified that the enrollment has taken place;

(e) A written statement by a physician licensed by the State of Oregon, California, Washington or Idaho that the child has been examined. The statement shall specify:

(A) Whether there are any physical factors contributing to the indivdual's skill deficit;

(B) Whether medical treatment is required prior to initiation of early intervention services;

(C) Whether there are any medical limitations to the child's full participation in the early intervention program; and

(D) Whether any other medical examinations are required before initiation of all or any part of the early intervention program.

Individual Program Plans

309-41-225 (1) Within 30 days of enrollment of an eligible child in the program, an individual program plan shall be developed in writing;

(2) - To develop the individual program plan, the early intervention program will assess each child using formal assessments, observations, parent interviews, informal assessment procedures, and, if necessary, placement in the program not to exceed 30 days to determine each child's functional level in the areas of gross-motor, fine motor cognition, communication, self-help, and socialization (capacity to relate appropriately to people, objects, or events).

(3) Participants in the development and review of each individual program plan shall include the child's parent(s) or guardian and the child's instructor/parent trainer. For a child's initial individual program plan, an instructor/parent trainer or some other person who is knowledgable about the assessment procedures used and is familiar with the results shall be present at the meeting. A representative of the resident school district shall be invited to participate and must be represented during the year prior to the child's attaining school age. Others as appropriate shall be involved.

(4) The individual program plan shall include:

(a) A statement of the child's present level of skill performance;

(b) A statement of annual goals, including short-term training objectives;

(c) A statement describing the specific early intervention services to be provided to the child within the appropriate early intervention program;

(d) The projected dates for beginning each service, anticipated frequency of services, and the expected duration of the services;

(e) A description of the training and habilitation methods to be used and objective criteria, procedures, and schedules for evaluating whether the program goals and objectives are being met. This evaluation of program effectiveness must occur at least annually; and

(f) A listing of all parties participating in the individual program plan development.

(5) Each child's individual program plan shall be reviewed at least annually.

Program Requirements

309-41-230 (1) Statement of Purpose: Each early intervention program shall develop and maintain for public review a written statement of purpose, which shall include:

(a) A statement of the program's goals and objectives;

(b) A general statement of the services provided by the program;

(c) A description of parent involvement in the program;

(d) A statement of the program's enrollment criteria; and

(e) A description of the program's policy and procedures to assure coordination with other providers of early intervention services within the same county.

(2) Reporting: Each early intervention program shall provide the following reports to the state agency responsible for the program:

(a) An individual progress assessment for each child, on forms provided by the state agency;

(b) A monthly report documenting the current status of children enrolled or terminated from service;

(c) An annual statement verifying the resident school district of each enrolled child found eligible for the program;

(d) Other reports as may be reasonably required by the state agency.

(3) Furniture and Equipment: An early intervention program shall secure, and maintain in good repair, furniture and other equipment necessary to meet the training needs of each child enrolled.

(4) Instructional Materials: An early intervention program shall secure and maintain age-appropriate and current instructional materials and supplies required for each child enrolled.

Building Requirements

309-41-235 (1) All early intervention programs shall be free of architectural barriers which might prevent use of the facility by handicapped persons.

(2) All early intervention programs shall comply with all local and state fire, health, and safety regulations.

(3) Classroom programs shall provide:

(a) Adequate classroom space for each child in addition to adequate storage capability and outside playground areas;

(b) A restroom adjacent or readily accessible to the classroom; and

(c) Adequate lighting for classroom activities.

(4) Parent training programs shall provide a private area for parents receiving parent training.

Transportation

309-41-240 (1) The school district of residence shall provide transportation services to handicapped preschool children eligible for services under this rule.

(2) Transportation services are required for children only, and are intended to assure services are not denied to any eligible child because of the inaccessibility of the program.

(3) Transportation services may include:

(a) Mileage reimbursement to parents or volunteers;

(b) Direct transportation using school district transportation services;

(c) Contracts for transportation services with private parties or agencies.

(4) Transportation services shall be provided for each eligible child to the most appropriate program, within the county of residence. Transportation to programs across county borders shall be required only when

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the parent(s), service provider(s), County Mental Health Program, and the resident school district agree that the local approved program can not meet the eligible child's needs.

(5) Transportation of parents for the purposes of parent training services, is not required under this rule, but may be provided at the discretion of the resident district.

Staffing Requirements

309-41-245 (1) Each early intervention program shall have an affirmative action policy which prohibits discrimination in employment practices.

(2) Each parent training program shall provide at a minimum:

(a) Staff necessary to assure at least 1 hour per week, 12 months per year, of direct instruction to the child and the parent(s), guardian, or designated primary care giver for each enrolled child; and

(b) Consultation and assessment services in the ancillary services areas as appropriate to the child's needs.

(3) Each parent trainer shall possess a minimum of a Bachelor of Science degree and have specialized training in the area of early childhood development and/or special education.

(4) Each classroom program shall provide at a minimum:

(a) Instructional staff including teaching assistants and aides, necessary to assure a one adult to four children ratio and to provide at least 15 hours per week of individualized instruction in a classroom setting;

(b) Operation for a minimum of 175 days per year;

(c) Consultation and training to parents, guardians, or designated primary care givers of enrolled children, as appropriate; and

(d) Consultation and assessment services in the ancillary services areas as appropriate to the child's needs.

(5) Each preschool classroom teacher shall possess at least a Bachelor of Science degree in early childhood development or special education;

(6) Each early intervention program may provide direct therapy services, in the areas defined as ancillary services in this rule, as appropriate to the individual program plan of a child, and within the limit of funds available to the program.

(7) Each classroom assistant shall receive at least 12 hours of pre-service training.

(8) Each person employed to provide ancillary services shall possess the appropriate license or certification necessary to practice in Oregon, or documentation of the completion of recognized specialized training in the area in which they are employed to work.

Grievance Procedures

309-41-250 In cases where parents, guardians, surrogate parents, advocates, program staff, or concerned others have disagreements regarding eligibility, the provision of services required under these rules or other child-centered issues, the following process to resolve these disagreements shall be followed:

(1) All issues should be resolved through the use of internal/local informal procedures when possible to include:

(a) Parent-staff meetings;

(b) Meetings with program administrative staff; and

(c) Local interagency meetings.

(2) When informal procedures cannot resolve the issue, the party(ies) filing the grievance shall request a formal mediation of the disagreement from the community mental health program or regional program, as appropriate, using procedures developed by each program.

(3) Local mediation recommendations can be appealed, in cases of disagreement, using the following formal procedure.

(a) The party requesting resolution shall submit in writing a request for formal appeal to the Program Office for Mental Retardation and Developmental Disabilities of the Mental Health Division or the Division of Special Education of the Department of Education as appropriate.

(b) The agency receiving the request shall:

(A) Schedule a formal appeal meeting to occur within 30 days of the receipt of the request;

(B) Notify in writing each party involved in the disagreement of the date, time, and location of the meeting, allowing at least 15 days from the receipt of meeting notification until the scheduled meeting time;

(C) Appoint an appeal officer to conduct the meeting, using procedures established by the state agency; and

(D) Guarantee that the meeting will be conducted using procedures established by the state agency for such meetings, assure parent and child rights, and afford clear protection for due process procedures.

(c) Within 15 days after the conclusion of the meeting, the appeal officer will provide his recommendations in writing to the appropriate state agency official for implementation.

(d) The appropriate official of the state agency will notify in writing all participants in the appeal meeting of the recommendations and implementation process within 15 days of receipt of the recommendations.

(4) If any party does not agree with the recommendations or implementation process they may appeal to the Administrator of the Mental Health Division or the Superintendent of Instruction, as appropriate, for review and reconsideration. The decision of the appropriate state agency administrator is final except as it may be appealed through normal judicial procedures.

(a) The appeal must be made in writing within 15 days of the receipt of the recommendations and implementation process; and

(b) The appropriate state agency administrator shall review all relevant testimony, seek clarification as needed, and issue the decision on the appeal to all parties within 30 days of receipt of the appeal.

Variances

309-41-255 A variance from these rules may be granted to an early intervention program in the following manner:

(1) An agency requesting a variance shall submit, in writing, through the community mental health program or regional program, to the Mental Health Division or the Department of Education:

(a) The section of the rule from which the variance is sought;

(b) The reason for the proposed variance;

(c) The alternative practice proposed;

(d) A plan and timetable for compliance with the section of the rule from which the variance is sought; and

(e) Signed documentation from the local mental health authority or regional services agency and the local early intervention advisory group indicating its support of the proposed variance.

(2) The appropriate state agency shall approve or deny the request for variance.

(3) The state agency shall notify the community mental health program or regional program of the decision. The appropriate community agency will forward the decision and reasons therefor to the program requesting the variance. This notice shall be given the program within 30 days of receipt of the request by the state agency.

(4) Appeal of the denial of a variance request shall be to the Administrator of the appropriate state agency, whose decision shall be final.

(5) A variance granted by the state agency shall be attached to, and become a part of, the contract for that year.

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APPENDIX C

SAMPLE COVER LETTER

Sample Cover Letter

to

Early Intervention Plan Components Worksheet

Dear _____,

Recently, a group of community providers of services to preschool children with handicaps met to assess the status of this county regarding its ability to serve children with handicaps and their families. They attempted to determine the number of preschool children who require services in the county, as well as the type of services they felt would be necessary to provide every child diagnosed as handicapped with a written and operational individualized plan based on both a health and educational assessment.

Enclosed are copies of worksheets completed by the group in assessing the county's needs. They would appreciate your reviewing the preliminary efforts in relation to your program/agency/service and changing or adding any information which you feel is incorrect or not included. Please indicate your own ideas about the necessity of certain services and use the comments column, #6, to make additional comments.

Call _____ if you have any questions regarding our request. Please return the worksheets to _____ by _____.

They will be happy to share the results of their efforts with you if you so desire.

Optional: They would also like to know more about the services your agency provides and would appreciate your completing and returning the attached data collection sheet (**Information Retrieval Form**) regarding your program so that they might share it with other agencies.